

PURPOSE Regular.....1 Follow Up.....2 Complaint.....3 Other.....4		COUNTY OF FAIRFAX DEPARTMENT OF HEALTH SWIMMING POOL AND HEALTH SPA INSPECTION REPORT																
Based on an inspection this day, the items circled below identify the violations of 1 Code of the County of Fairfax, Chapter 69.1 1 Code of the City of Falls Church, Chapter 27.1 1 Code of the City of Fairfax, Chapter 22. All violations must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the Regulatory Authority on the reverse. A violation of the starred items may result in an order to suspend operations. See page 2 for legal notice of closure when applicable.																		
City Code	Est. #	Program Code	EHS ID	Date	M	M	D	D	Y	Y	TIME	H	H	M	Inspection Time	M	M	M
	4690			1-28 2009	0	1	2	8	0	9								
ESTABLISHMENT NAME										OPERATOR'S NAME/POOL MANAGEMENT COMPANY								
Lee District Rec Center										Fairfax County Park Authority								
ADDRESS										ZIP CODE								
6601 Telegraph Rd										22310								
OWNER NAME/ADDRESS																		
Fairfax County Park Authority																		

I PERSONNEL AND SUPERVISION

		V	C
*01	Qualified operator present, on premises.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
*02	Lifeguards adequate in number, on duty.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
*03	C.P.R. certified person on duty.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
04	Licenses, permits, and certificates posted.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
05	Required signage posted.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
06	Accurate records kept.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

II WATER QUALITY

		V	C
*07	Disinfectant Residual Adequate (Chemical <u>Chlorine</u>) Residual: <u>4.0</u> (Main) <u>4.0</u> (Wading) <u>4.0</u> (Spa) (Other) <u>4.0</u> (Other) <u>4.0</u> (Other)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
*08	Disinfectant level maintained through approved means.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
09	pH maintained at proper level. Readings: <u>7.2</u> (Main) <u>7.2</u> (Wading) <u>7.2</u> (Spa) (Other) <u>7.2</u> (Other) <u>7.2</u> (Other)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10	Chemical test kit adequate, reagents supplied	<input checked="" type="checkbox"/>	<input type="checkbox"/>
*11	Free of turbidity, debris, algae. No scum/grease line	<input checked="" type="checkbox"/>	<input type="checkbox"/>
*12	Approved water supply, protected, free of cross connections	<input checked="" type="checkbox"/>	<input type="checkbox"/>

III RECIRCULATION SYSTEM

		V	C
13	Skimmers: Basket, weir, adjustments. Overflow gutters. Water level	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14	Filter room cleanliness, ventilation, lighting, drainage.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15	Filter room information placards posted.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16	Hair and lint strainer, cleaned regularly.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
*17	Pump and motor properly maintained and operated.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
*18	Filter operated, maintained (Type: <u>522</u>)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19	Rate of flow indicator: properly installed, maintained. Readings: (g.p.m.) <u>130</u> (Main) <u>130</u> (Wading) <u>130</u> (Other)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20	Gauges: properly installed, maintained. Readings: influent <u>25</u> (Main) <u>25</u> (Wading) <u>25</u> (Other) effluent: <u>16</u> vacuum: <u>16</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21	Vacuum cleaner approved. Built in () Portable ()	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22	Returns free flowing, adjustable, properly adjusted Dye test: approved () Disapproved () N/A ()	<input checked="" type="checkbox"/>	<input type="checkbox"/>

IV SAFETY AND SAFETY EQUIPMENT

		V	C
*23	Maximum load/usage numbers not exceeded Maximum number <u>18</u> (Pool) <u>18</u> (Wading) <u>18</u> (Other)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
24	Enclosure at proper height, non climable, good repair, emergency gate kept clear. Access through bath house	<input checked="" type="checkbox"/>	<input type="checkbox"/>
25	Underwater and deck lighting adequate/properly installed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
26	Diving boards, slides, ladders, rails, steps in good repair, secure, properly maintained.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
27	Depth markings legible, properly located.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
28	Lifelines, lane markers, installed and in good repair.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
29	Reaching poles, and rescue tubes provided, positioned and in good repair.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
30	First aid kit provided, adequately supplied.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
31	First aid equipment: backboard w/ straps () blankets and cot () telephone accessible () No.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

V. POOL PREMISES

		V	C
32	Free of hazardous conditions, deck obstructions, metal and glass containers. Drain grates in place.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
33	Food confined to approved, separate dining area.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
34	Decks, coping in good repair, caulked, drained.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35	White coat, interior finish in good repair, unstained.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
36	Grassed areas fenced, waist high showers at gates.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
37	General cleanliness maintained, approved refuse disposal, animals restricted.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

VI BATH HOUSES, LOCKER ROOMS, SHOWERS, TOILETS, ETC.

		V	C
*38	Adequate facilities, good repair, clean, sanitary, supplied.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
39	Ventilation: rooms free of condensation, odors, fungal growth	<input checked="" type="checkbox"/>	<input type="checkbox"/>
40	Water heater, Anti-scalding devices, installed, adjusted	<input checked="" type="checkbox"/>	<input type="checkbox"/>
41	Water fountains provided, maintained, adjusted	<input checked="" type="checkbox"/>	<input type="checkbox"/>
42	Saunas, steam cabinets, in good repair, clean, disinfected	<input checked="" type="checkbox"/>	<input type="checkbox"/>

* Critical Items Requiring Immediate Attention
 V= Violation noted and needing corrective action
 C= Corrected action taken during inspection

Regular Inspection: Satisfactory (X) Closed () (See Page 2)

Received by: DW Woodward

Environmental Health Specialist: DW Woodward

EHC07 3-07

(Facility Found to be in compliance with VGBA at time of inspection)